

REQUEST FOR SUPPLIES OR EQUIPMENT	Request For: ISSUE <input type="checkbox"/> TURN-IN <input type="checkbox"/>	Date:
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THRU:	FROM: Hand Receipt No.
TO:	Initial Issue <input type="checkbox"/> Replacement Issue <input type="checkbox"/>

No.	Stock Number	Nomenclature/Description	U/I	QTY	Unit Price	Total Price	Authority	Document No.	
								ARC	UND

Suggested Source (Vendor):
Remarks:
Hand Receipt Holder (Printed Name and Signature):

[illegible]

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